# Oral Hygiene

**JULY 1951** 



Dean Wendell D. Postle presides at the banquet dedicating the new building of the College of Dentistry of Ohio State University

In this issue: Speak Cautiously, Your Public is Listening

PNEUSASIC CONSTRUCTOR





THE Cleveland DENTAL
MANUFACTURING CO.
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# Pain-free appointments begin here...

Many dentists have found that with the help of two Anacin tablets given shortly before the patient's appointment. the incidence of nervousness and simple pain is reduced. Anacin works quickly and, in addition, provides longer relief, an important consideration where pain is likely to occur following extractions. You may have a supply of Anacin sent to you every month gratis if you wish.

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The Publisher's CORNER

**By Mass** 

No. 360

### Thirty Years of the Corner

This nook in the book is thirty years old this month. The 360 Corners published up to now would make a volume of a thousand and some pages not so much writing after all, when you take thirty years to do it, although in dimension comparable to "Gone With the Wind." The writing itself has most of it gone with the wind. Sometimes someone remembers a Corner for quite a long time, but that doesn't often happen. In fact, there are only a few that I remember myself. Which is just as well.

Let the dead past bury its dead. Some of the writing should not only be buried: it should be cremated, and the ashes flung into a good brisk breeze.

But no; in the magazine publishing business you are obliged to preserve bound volumes. Although you may not often open the books, your writing sits there on the shelves daring you to examine the old bones of your old thinking. Like some uncaught criminal drawn by a strange, irresistible compulsion to creep



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### Try it first on your MOST DIFFICULT case

AVAC\* is the type of product you have been wanting for most types of denture cases. It is a suction valve with a new patented principle for use on upper and lower dentures, including roofless cases. This tiny patented valve enables you to give patients dentures with positive suction. Its application, along with a proven but not difficult technic, will give your patients a new sense of denture security never accomplished before.

#### ITS ADVANTAGES

- Direct elimination of all air from the suction chamber; thereby creating a definite vacuum and resulting in absolute retention, even in the flattest palates and alveolar ridges.
- Absolute retention during the masticating process.
   The suction process is repeated with every swallowing and masticating act.
- · No irritation of the mucosa.

AVAC is also indicated for partial uppers (without clasps). We urge you to try AVAC first on your most difficult cases. That will be the proof of our claims for this amazing new precision tooled device. Constructed flat—no bulk. Send today for complete, detailed information—no charge.

\*Patent applied for

# **AVAC** Laboratories

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ught reep back and disinter the mouldering bones of his victim, the longhidden evidence of his crime.

Of course, privately you fancy some of your old writing, and you remember it; and when no one here in the office is looking you seek it out and read it again and roll under your tongue some of the phrasing you thought up years ago. Like an all-day sucker after long licking by a little child, it still tastes so good

You try not to remember that the morsel you love may be repellent fare to more than one reader. Just today, an admirer wrote that a recent CORNER was dull as dishwater. It had seemed to sparkle at least a little in spots, but apparently it hadn't, at least not for our admirer.

Of course, the occasional cheer sets you up like a swig of Hadacol. But sometimes somebody's voluntary cheer sounds suspiciously bronx—for example, that of the reader who wrote quite a long time ago that the department reminds him of Eleanor Roosevelt's "My Day," adding that "of course, your column was started first." He was invited to go climb a stately forest giant.

But, thank the Lord, you can be sure of some of the other critics. You don't have to suspect their real meaning. They make it crystal-clear that they just plain don't like your stuff, period.

Writing a piece like this every thirty days is a sad life in a way, but—confidentially—I love to do it although at intervals throughout the thirty years I have publicly proclaimed my sorrow at being burdened with the task. Each time that has been a lie, a reaching for people's sympathy, like the mother who talks eloquently of the burdens of childbirth, but who keeps on having kids because it is, after all, fun to be a mother.

# NOW-A Proved Home Method of Oral Hygiene You Can **Recommend to Your Patients**

EVIDENCE now published in a leading dental journal offers proof of a simple home method of oral hygiene, which the profession may safely recommend to patients as a definite aid in prevention of caries.

This evidence is the result of two years' research in five leading American universities—conclusive clinical and X-ray evidence showing that brushing teeth right after eating stops tooth decay best-better than any other home method of oral hygiene.

This method has long been highly regarded by the dental profession. But never before has actual proof been available to support a recommendation to patients.

The dentifrice used exclusively in this exhaustive scientific research was Colgate Dental Cream.

In the aforementioned exhaustive research, it was shown that the method of brushing teeth right after eating stopped more decay, for more people, than ever before reported in dentifrice history. Equally important, there were no new cavities whatever for more than one out of three who followed the method.

It may be pointed out that no other toothpaste, ammoniated or not, offers proof of such results.

Colgate Dental Cream is a neutral dicalcium phosphate dentifrice—the result of our constant effort to produce the

> finest dentifrice industrial research and large manufacturing resources can create. We believe you can recommend it with confidence to your patients.

To assist the dental profession in an-To assist the dental profession in answering further questions from patients, a booklet has been prepared on the cause and prevention of decay and is available on request. "How You Can Help Prevent Tooth Decay" is already being distributed by hundreds of dentists. Because of the demand, quantities to individual dentists are limited to one hundred. State quantity desired, and send with your name and address to Colgate-Palmolive-Peet Co., Dept. 88, 105 Hudson St., Jersey City 2, N. J.



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Unusually rapid action cuts time lag between injection and onset of anesthesia. Anesthetic effect is profound, widely diffused, and well within clinical ranges of tolerance.

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\*U.S. Patent No. 2,441,498



Dispensed for dentistry in 1.8 cc cartridges. 2% solution available without epinephrine; and with epinephrine 1:100,000 or 1:50,000.

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# Sharp & Dohme Introduces MODERN ANTIBIOTIC SOLUTI for new effectiveness in oral hygie

# CONCISE INFORMATION FOR DENTISTS (and their professional associates) ABOUT TYROLARIS.

### **Composition and Action**

TYROLARIS® contains tyrothricin, the potent topical antibiotic—effective against many gram-positive organisms including those commonly found in the mouth.

TYROLARIS also contains panthenol, a compound chemically related to panto-thenic acid, which—although it can serve a vitamin-like purpose in humans—serves to inhibit the growth of the acid-forming



For home use: prescribe Tyrolaris for use by patients between visits—to reduce risk of infection.

lactobacilli that inhabit the mouth.

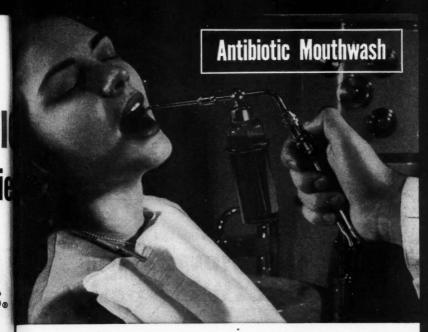
TYROLARIS contains a surface-active age that encourages spreading and foaming the solution—promoting thorough clean ing—making it possible for the liquid penetrate into small crevices that are on narily inaccessible.

TYROTHRICIN	0.02%
PANTHENOL	0.02%
ALCOHOL	10.00%

in an aqueous solution containing a surface-a

### **Bacteriostatic Potency**

Laboratory tests *in vitro* have demonstrate that Tyrolaris retains demonstrate be teriostatic effect even after it is diluted with more than 250 parts of water. Comparisor with five other mouthwashes in current is indicated that Tyrolaris can undergo considerably more dilution with saliva before its effectiveness is eliminated than can the other mouthwashes that were compared See Fig. 1.



For office use: the bacteriostatic and cleansing actions of Tyrolaris make it valuable for use before and after dental prophylaxis or instrumentation.

## Bacteriostatic Potency of Tyrolaris compared with that of other leading mouthwashes

mouthwash "E" 1 in 90

mouthwash "B" 1 in 17

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mouthwash "A" 1 in 17

nuthwash "C" 1 in 10

uthwash "D" 1 in 7

Figure 1. This chart illustrates the exceptionally high bacteriostatic potency of Tyrolaris in vitro. Columns graphically represent comparative values for the various mouthwashes—showing how much each can be diluted and yet retain demonstrable bacteriostatic effect.\*

\*All values represent averages of several tests on Staphylococcus aureus at 37°C. Mouthwaskes were diluted serially in culture medium and each tube was inoculated with a staphylococcus culture. The end point for each test was the dilution that inhibited growth of the organism at the end of 24 hours.

# **TYROLARIS**

Sharp & Dohme, Philadelphia 1, Pa.

**Antibiotic Solution for Oral Hygiene** 



# And Cariogenesis

ALTHOUGH no consensus obtains regarding the etiology of dental caries and means for its prevention, general opinion holds that diet plays a prominent role. Unbalanced food intake, and especially inadequate intake of essential nutrients, may well play a major role in the development of carious lesions. Hence it appears important that the dental patient's nutritional status be brought to optimal levels.

Ovaltine in milk, rich in complete

protein and essential minerals and vitamins, offers a practical means to help assure that the diet be complete in all needed nutrients. Even poor diets can usually be made optimal by supplementation with Ovaltine beverage. Its delicious flavor and easy digestibility make for ready patient acceptance.

Three servings of Ovaltine in milk contribute the wealth of nutrients listed in the appended table.

1. Jeans, P. C.: Feeding of Healthy Infants and Children, J.A.M.A. 142:806 (Mar. 18) 1950.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILLINOIS



# Ovaltine

Three servings of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,\* provide:

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PROTEIN	32 Gm.	VITAMIN A .	3000 I.U.
FAT.	32 Gm.	VITAMIN B1.	1.16 mg.
CARBUHYDKATE	65 Gm.	RIBOFLAVIN.	2.0 mg.
CALCIUM	1.12 Gm.	NIACIN	6.8 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN C .	30.0 mg.
COPPER	12 mg.	VITAMIN D.	417 1.0.
COFFER	0.5 mg.	CALORIES .	676

\*Based on average reported values for milk.

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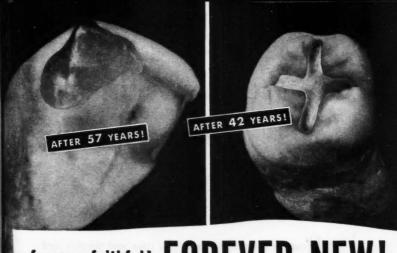
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# forever faithful! FOREVER NEW!

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The joy an operator experiences when inspecting a mouth cared for with Gold Foils extends beyond the restorations themselves. It is the joy of seeing also the surrounding tooth structure and adjacent tissues perpetually sound.

"Such mouths," as observed by Dr. Roy James Rinehart, "present an artistic, serviceable, and clean-cut appearance rarely found when the restorations are inlays or silicates." No matter what the age of a Gold Foil—10 years or 70—everything adjacent attests its Entire Compatibility with the Living Tissues.

Unlike other restorations, a Gold Foil neither affects the pulp, nor discolors tooth structure. It is absolutely pure, and completely inert in the fluids of the mouth. As is especially evident in the gingival third of buccal and labial surfaces, the gum takes to it more kindly than to any other restoration.

Are you posted on the latest developments in this wonderful material? Simply mail the lower portion of this page with your card or letterhead to Morgan, Hastings & Co., 2314 Market Street, Philadelphia 3, Pa.—Established 1820.

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Denture breakage causes you time and trouble and money for repair and readjustment, to say nothing of the inconvenience it costs your patients. You can avoid much of that by using Luxene 44. Luxene 44 is a Vinylite\* denture base material. By proven tests it has been shown to be two to three times stronger and tougher than acrylic plastic materials. Luxene 44 is used every day for delicate partials for which no other plastic material has proven successful. And in full dentures, many dentists have reported no breakage whatever since they have used Luxene 44.

No wonder they say that the way to make a case easy on your time and "patients" is to-

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... Crescent Diamond Burs cost only \$1.37 each when purchased in Introductory Set of 18. \$2.85 each in lots of 6 or more. \$3.25 singly. Introductory Kit of 18 supplied for R.A. only. Individual burs available for Handpiece or Right Angle. ... Crescent Diamond Burs wear much longer; provide

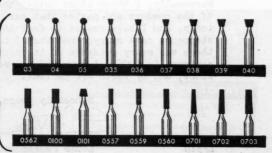
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# PYROZIDE TOOTH POWDER AND DENTINOL LIQUID

PYROZIDE TOOTH POWDER has been sold for half a century throughout the world; an excellent proven dentifrice for use on the recommendation of the dentist.

DENTINOL LIQUID is specifically designed to destroy the mixed microorganisms always present in pyorrhea and other oral infections, without injury to the tissue. PYROZIDE TOOTH POWDER is medicated with DENTINOL LIQUID.

This letter is one of many thousands, unsolicited, from satisfied users. May we suggest that you recommend PYROZIDE TOOTH POWDER for child and adult?



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October 4

#### Gentlemen:

I have been using PYROZIDE TOOTH POWDER for forty years and consider it the best on the market .. in fact, I have often wondered why you don't let people know more about it.

Personally, I think it is better than any of the powders and pastes that can be bought today, and I have reason to feel that it stopped a case of pyorrhea that I had when there was every evidence of it becoming serious, in 1905. I have had no recurrence since, and my teeth are perfect.

Sincerely yours,

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Cools... Dehumidifies... Shuts out noise... Filters out dust, dirt, and pollen...



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# in intraoral topical penicillin therapy... it's follow through that counts

When you prescribe Orygene Penicillin Chewing Troches you can expect more favorable results because of —

follow through in high penicillin levels

As soon as chewing begins Orygene provides high salivary penicillin levels. Then throughout the recommended chewing period the chewing gum base acts as a depot for prolonged release of penicillin into the saliva. Affected oral tissues are thus constantly bathed in high concentrations of penicillin thoroughly dispersed by mastication.

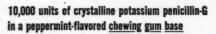
follow through in treatment

The dosage you recommend will be adhered to because the usual characteristic taste and odor of penicillin preparations are eliminated from Orygene. The pure chicle gum base and pleasant peppermint flavor of Orygene Penicillin Chewing Troches resemble familiar confections and are readily accepted by adults and children.



# ORYGENE

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dosage and method of use: One Orygene troche should be chewed at a time, preferably for 30 minutes. In treating infections caused by Vincent's organisms, a daily total of 4 to 6 troches (one every 3 or 4 hours) will usually produce clinical results within 24 to 48 hours. Treatment should be continued for several days thereafter to prevent relapses.

packaging: Each Orygene troche is individually and hermetically sealed in metal foil—no refrigeration necessary. Available on prescription in packages of 12



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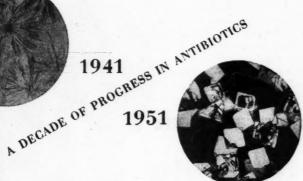


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N DENTISTRY, as in the related fields of medicine and surgery, the past decade has witnessed tremendous advances in the control of infectious disease with the great antibiotics. In the treatment of acute oral infections; as an adjunct to dental surgery; in root-canal therapy; and in the prevention of bacteremia following extraction, these lifesaving agents have achieved a role of major importance.

Terramycin, newest broad-spectrum antibiotic, discovered and developed by a Pfizer research team, is now available to dental practitioners, as capsules and troches for systemic and local therapy. Terramycin therapy has been found particularly valuable in Vincent's infection. and as an adjunct to dental procedures in the treatment of pericoronitis and other infections of the oral cavity.

### Supplied as CRYSTALLINE TERRAMYCIN HYDROCHLORIDE CAPSULES

250 mg., bottles of 16 and 100;

100 mg., bottles of 25 and 100;

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15 mg. of Terramycin Base in each pleasant-tasting, slow-dissolving, mint-flavored sugar troche.



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Smile

...with plenty
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For the development of sound oral tissues and structure and the maintenance of good mouth health during childhood, 1,7,9 no nutritional factor is more important than vitamin C. Most pedodontists, in collaboration with pediatricians, urge the daily consumption of ½ to 4 oz. for infants up to one year, 4 to 8 oz. for older children, 1,4 and double this amount when gingivitis is present. 2 When Florida citrus fruits are recommended, the smile will continue to glow—not only as a reflection of a favorable nutritional state, 4 but because of satisfaction from the pleasing taste. At the end of a meal, citrus juice also seems to reduce oral bacterial flora. 4 And citrus fruits, when chewed, are mechanically and chemically cleansing. FLORIDA CITRUS COMMISSION • LAKELAND, FLORIDA

\*Citrus fruits-among the richest known sources of vitamin C-

\*Citrus fruits—among the richest known sources of vitamin Galso contain vitamins A and B, readily assimilable natural fruit sugan and other factors, such as iron, calcium, citrates and citric acid

FLORIDA



Oranges · Grapefruit · Tangerines

The usefulness of aureomycin, both locally and systemically, has now been firmly established for prophylaxis of infection in the extraction of teeth. Each practitioner develops techniques which he finds effective and adapted to his individual knowledge and skill. The various forms of aureomycin are designed to fit within the framework of such individualized techniques. These forms include soluble tablets, dental cones and dental paste.

Aureomycin may be used as an adjunct for the prevention or treatment of bacterial infections commonly encountered in dental surgery, including necrotizing gingivitis, pericoronitis,

acutely infected pulp, acute abscess, periodontal pocket, acute suppurative pulpitis and periapical abscess; as well as for the prevention of infections following extractions. The tablets may be used locally by applying directly to the affected area as a cone or

in a solution. Cones may be used whole or crushed. Paste should be formed to suit the cavity and applied directly. In severe infections, it is necessary to support local therapy by the oral administration of aureomycin capsules.

Aureomycin dental products are available through pharmacists.

Dental Cones: Tubes of 18 cones.

Dental Paste: Jars of 5 Gm., 30 mg. per Gm.

Soluble Tablets: Tubes of 40, 50 mg. per tablet.

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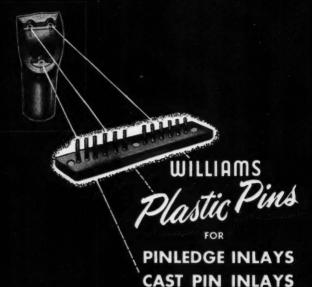
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Used as part of the regular wax pattern, Williams' Plastic Pins are invested and burned out with the wax, assuring an all cast attachment. Results in greater retention and accuracy

Ideal for fixed bridge construction where 3/4 crown is contra-indicated, especially in short anterior teeth.

Requires extremely hard, unburnishable gold, high in tensile strength. Specially recommended: Williams "6" All-Purpose



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**JULY 1951** 

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\*Hein, J. W., and Shafer, W. G.: Pennsylvania Dent. J. 16:221, 1949.
Rapp, G. W., and Gurney, B. F.: Paper read at International Association for Dental Research Meeting, Chicago, June 24-25, 1949.

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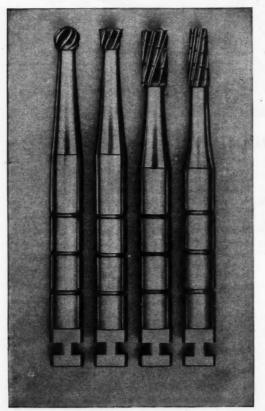
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## Picture of the Month



Photographed at the annual meeting of the American Dental Association in Atlantic City are (seated): Major General George R. Kennebeck, Chief of the Dental Division, United States Air Force, Washington, D.C.; Brigadier General Louis Renfrow, Deputy Director of Selective Service, Washington, D.C.; and (standing) Doctor James P. Hollers of San Antonio, member of the Armed Forces Medical Policy Council; and Doctor Kermit F. Knudtzen of Chicago, Director of Dental Research, United States Army Air Force, during World War II.—Photograph by Fred Hess & Son, Atlantic City, New Jersey.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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# OPERATIVE HYPNODONTICS

BY AARON A. MOSS, D.D.S.

In the last few years many articles and several books have appeared relative to the practical advantages of hypnodontics (hypnosis in dentistry). The American Society for the Advancement of Hypnodontics, together with the American Society of Psychosomatic Dentistry, reports a constant growth of membership indicating the stimulated interest in the subject.

The recent literature contains convincing arguments establishing the practical use and indications of hypnosis. Many case histories are reported; techniques of inducing the hypnotic trance are described; theories are advanced; but in no instance of the literature, to date, has the writer seen a description of the technique and pro-

cedures of operating on a patient who is already in a hypnotic trance.

The purpose of this article is to describe the operative procedures under hypnotic trance. Unfortunately, a detailed description would require several chapters of a textbook. The writer has done this in a full length book entitled HYPNODONTICS or HYPNOSIS IN DENTISTRY, which is now appearing serially in Dental Items of Interest. Although there are many uses for hypnosis in dentistry, the present article will be limited to a description of operative procedures for preparation and restoring of teeth. However, before proceeding with this, the reader should be somewhat familiar with the uses of hypnodontics. They fall into two

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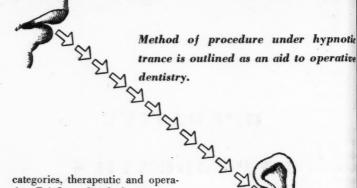
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categories, therapeutic and operative. Briefly outlined, they are:

A. Hypnodontal Therapeutics

1. Patient relaxation.

- 2. Elimination of the patient's fears and anxiety as to treatment.
- 3. Removal of objection to necessary treatment.
- 4. Maintenance of patient's comfort during long, arduous dental service or operation.
- 5. Accustoming the patient to orthodontic or prosthetic appliances.

B. Operative Hypnodontics

- 1. Anesthesia or analgesia.
- 2. Amnesia for unpleasant treatments.
- 3. Substitution for and in conjunction with premedication in general anesthe-
- 4. Preventing gagging and
- 5. Control of saliva flow.
- 6. Control of bleeding.
- 7. Postoperative anesthesia. It should be mentioned that the science of hypnodontics does not

necessarily do away with the present use of any drugs. In other words, hypnosis is used as an adjunct to the present dental armamentarium. With this thought in mind, there is no danger of overselling hypnosis to the dental pro-

For the purpose of brevity, it is assumed that the patient is already in a hypnotic trance. Time and space prevent any discussion or elaboration on this point, although the technique of induction is equally as important, or perhaps more important than the technique of dental operation. It must be remembered that not all patients reach the same depth of trance, although 90 per cent or more are capable of reaching some degree of hypnosis. Therefore, one must decide before proceeding with any operative service whether the hyp-

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"Hypnosis is older than anesthesia, asepsis, and antisepsis, the bacterial theory of disease, psychoanalysis, the knowledge of vitamins, and, in fact, all of modern medicine."-Abraham Myerson, M.D., Speaking of Man.

notic level requires supplemental drug anesthesia. When in doubt always administer the latter, although a large number of cases require no additional drug anesthesia.

The following is the procedure which I have developed and applied to hundreds of cases over the last several years.

Maintenance of Hypnotic Level: pres After inducing the patient and other testing for depth, always end your ad induction by assuring the patient rma that he will not awaken from the nt in trance until you awaken him. This over will require several strong hypnotpro- ic suggestions such as, "You will remain asleep until I awaken you! it is Nothing, absolutely nothing, will eady awaken you until I do!"

Approach to Treatment in the n or Mouth: Sometimes, despite the ough first step, when he is asked to open n is his mouth, the patient may come haps out of a trance. Therefore, this nique second step is always applied with e realmost the exact following verbaltients ization: "With eyes closed and e, alwithout awakening, open your e are mouth . . . wider!" Then massage egree the jaw muscles lightly on the outmust side of the face and continue. any "Your jaw is becoming stiff, like hypa vice. It is now so stiff that you cannot close your mouth. You may try, but you will find it impossible. Stop trying! Deep, deep, asleep. Your mouth will remain open until I tell you otherwise."

The purpose of this step, known as muscle catalepsy, is not only to insure an open mouth throughout the entire operation, but also to act as a test in determining depth of hypnosis; and, finally, for the purpose of deepening the patient in hypnotic trance. Whenever a test in techniques of hypnotic induction is made successfully, the suggestion of "deep, deep, asleep" always tends to deepen the trance.

Production of Anesthesia: One should never assume that anesthesia is present. Always include this step to produce anesthesia first; then test before operating. The procedure is to take hold of the tooth to be treated between the index finger and thumb, rocking it and at the same time depressing it in the socket; gently at first but gradually more firmly. While doing this, say the following, "As I press down on this tooth, you will find that it is getting numb and losing all its feeling. It is beginning to feel as though you've had an injection." Then test for anesthesia.

Test for Anesthesia: Take a sharp explorer and gently press

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into the gingival area around the tooth saying, "I am pricking your gum with this point but, you see, you feel absolutely no pain." Stop and say as follows, "I shall do the same to the other side of your mouth but you will feel a sharp pain there." Then prick the gingival tissues ever so lightly. Nearly always the patient will react with a sudden start.

Now go back to the first side and indicate to the patient the difference. As mentioned previously, if there is any doubt in the operator's mind, this would be the time to give the patient procaine and then make further tests.

Operative Procedure: The writer always applies the following rules:

- Never operate without an assistant.
- Never attempt too much during the first visit.
- Advise patient to keep eyes closed throughout entire operation.
- 4. Keep patient passive and do not disturb him by requesting that he spit or bend over. This can be accomplished by the constant use of an aspirator by the assistant. The patient should be treated as though he were in a state of general anesthesia.
- Never overheat the tooth. Work slowly and have a constant stream of water running on the tooth from any of the special water-cooling attachments on the market.

6. Complete the entire operation, including restoration, while the patient is in trance This is important because, in this way, it is possible to produce complete amnesia for the operative procedure. This avoids focusing of the normal waking attention on the operation in the posthypnotic period. This means placing matrix band, wedges, restoration, removal of matrix removal of excess and cary ing of restoration while patient is still in a trance state.

Awakening of Patient: Before awakening the patient, always give the following posthypnotic suggestions:

- There will be no recollection of any pain or discomfort. Where the patient is in a deep trance, complete amnesia for the entire trance period may be suggested successfully.
- He will feel normal, cheerful, and happy when awakened.
   Set a definite time for the
  - ending of anesthesia.
- He will go to sleep quickly and deeply each time in the future that you suggest sleep to him.
- He will have no fear or anxiety about dental treatment to be done at subsequent visits. Any other therapeutic suggestions might be given at this time.

After awakening a patient from

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### ORAL HYGIENE AWARD

This article by AARON A. Moss, D.D.S., has won the \$100 ORAL HYGIENE award for the best feature published this month.

trance, never question him about pain or amnesia. Always assume that the latter was present. Do not press a patient to elicit any responses. Inform him of what you have done as though he knows nothing about it. Assure him that the procedure was entirely successful as planned, and that he will do even better next time.

The writer should like to emphasize again that this procedure is a mere outline of the technique used. Certain factors had to be omitted: the importance of the attitude of the dentist as a determinant of the success or failure; the practice of running a continuous commentary throughout the operative procedure to maintain a constant trance depth and to prevent the patient from awakening; the intermediate testing for trance; and the occasional need to stop treatment to deepen the trance if signs of awakening appear. These and many other details must be excluded because of the necessary brevity of this paper.

There is a definite trend toward the use of hypnosis in dentistry and I should like to conclude with the following suggestions:

- The average dentist is capable of learning the technique of hypnodontics.
- It is completely harmless in every way and from every point of view when used by a dentist for dental purposes.
- 3. There is no possibility of emotional or psychologic trauma in any way, if no experimentation in psychiatric therapy is attempted. Stay within the limitations of dentistry. Do not attempt to practice psychiatry!
- Susceptibility is not related to intelligence, strong or weak-mindedness.
- It is a practice builder by enhancing the prestige of the dentist.
- At present it is widely accepted by the medical, dental, and psychiatric professions.
- There is a deep personal satisfaction in being able to render such a useful service to your patient.
- Failures cannot be avoided. But practical experience, together with adequate postgraduate instruction, will minimize the incidence of failures.

20 Morristown Road Bernardsville, New Jersey



## **New School**

## of Oral Hygiene

BY MARY C. DREYER

The first New Jersey school for dental hygienists is established in Rutherford. Two students in the Fairleigh Dickinson College School of Oral Hygiene receive instruction in dental anatomy by the use of manikins in the dental clinic.

THE FIRST School of Oral Hygiene in the State of New Jersey has been established at Fairleigh Dickinson College, Rutherford, and a ten-unit dental clinic has been completed.

The initial class is composed of eleven students who have finished their first-semester training and are now ready for clinical practice. In this connection, two new phases have been inaugurated in addition to the regular clinic: (1) a program of yearly examinations in prophylaxis for all students at the college, and (2) a period of training not only in the dental clinic, but in a private dental office.

Located in East Hall, one of the four buildings on the campus, the clin universe transfer to the clumber of the clumbe

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clinic consists of ten complete units. Chairs are arranged in two rows of five. The large room also provides space for classroom instruction and tables for manikins. There is an adjacent darkroom for developing X-rays.

The two-year basic course, which is restricted to girls, includes courses in freshman composition and speech, English or American literature, contemporary society, economics, and freshman psychology, as well as the biologic sciences and training in dental subjects.

Students completing the course will be graduated with Associate in Arts degrees and will thereby become eligible to take New Jersey State Board examinations, and successful candidates will receive authorization to practice as hygienists in dental offices or clinics.

Three scholarships of \$200 each, and two of \$300, have been made

available to students registering in the oral hygiene school. To qualify, they must be in the upper quarter and upper tenth, respectively, of their high school classes.

#### **Evening Classes**

The School of Oral Hygiene was further extended recently when plans were completed for evening courses for dental assistants, and the program started February 1. The evening course includes: reception and care of the patient, dental anatomy, elementary concepts of dental pathology and bacteriology; and there will also be units for studying office management, patient reception, care and use of dental equipment and in-

Some of the Fairleigh Dickinson students are pictured here with one of the dentist instructors before they started clinical practice recently.



struments. Opportunity will be offered for future units to take up laboratory techniques. Also, they may study office routine and relations with manufacturers of dental equipment and products. Evening students may work for credits toward Associate in Arts degrees.

Doctor Roy D. Ribble, who practices dentistry at 630 Fifth Avenue, New York City, is dean of the School of Oral Hygiene. He was graduated from the University of Pennsylvania Dental College in 1912, is assistant editor of the New York Journal of Dentistry, and is a fellow in the International Col-

lege of Dentistry and Federation Dentaire Internationale. Doctor Ribble also serves as Secretary of the New York Academy of Dentistry and as Chairman of the Academy's Dentistry Clinic.

Courses in the Fairleigh Dickinson School of Oral Hygiene were outlined and planned by members of a dental advisory board, nominated by the state dental society and the Bergen County Dental Society.

Fairleigh Dickinson College Rutherford, New Jersey

#### HAVEN OPENED FOR RETIRED PHYSICIANS

BEING OLD and broke can be a pleasure in California. Consider the home that the Los Angeles County Physicians' Aid Association has bought for "men and women of medicine who find themselves in their later years richer in the esteem of their fellow men than in material wealth."

The home is the former mansion of a wine maker. It houses twelve "guests." Two acres of ground provide ample room for erecting additional buildings. Present features include terraced formal gardens, fountains, a greenhouse, a solarium, and layouts for shuffleboard, lawn bowling, and croquet.

Through the aid group, the Los Angeles County Medical Association is now assisting a total of eighty-five retired physicians. It gets its funds through voluntary contributions; but it feels that future help should be restricted to those who have made a donation—perhaps \$1,000 spread over their productive years.—Medical Economics.

#### THE COVER

FORMAL DEDICATION of its new College of Dentistry building took place at Ohio State University in Columbus on May 15. The modern, three story building is the first unit to be completed in the new Ohio Health Center. Cover photograph by Howard A. Hartman, D.D.S.

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Speak Cautiously,



BY M. A. TRAVASCIO

Each dentist's patients are his public; he is their guide on professional matters.

"Why, it must be nearly five years," a woman remarked recently, "since I read that in a short time a dental appointment would be comparable in pleasure and painlessness to a visit with the hairdresser." The patient in the dentist's reception room nodded her head as she spoke to a companion, but the expression on her face clearly indicated that the promise of such an objective had not materialized. This questioning statement was not the result of a stimulated imagination, nor was she attempting to exaggerate a published statement. It is entirely possible that she did see such a claim printed in her local paper or in her favorite magazine.

Probably you have read equally brash predictions and simply smiled as you flipped the page, but such seemingly idle comments do have repercussions. This woman's disappointment, for instance, may prompt her to look upon her family dentist as a practitioner who does not march along with progress, or at least as a member of a profession that handles the truth with considerable casualness. Call this silly if you will, but the practitioner who attends to her dental needs must shoulder such responsibility because he is that patient's sole link with the profession.

When questioned by laymen concerning the accuracy of such matters, the general practitioner may simply toss off the query with the statement that many of these stories are merely "newspaper talk." However, the fact remains that most of these reports are backed by the claims and promises of men and groups recognized as being competent to dis-

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cuss such matters with authority. Blaming the newsmen can shift the responsibility but it does not reach the core of the problem because the job of reporting has, in recent years, advanced beyond the "yellow" journalism of yesterday and has shed almost completely the gruff mannerisms of newsgatherers as depicted frequently on movie and television screens. The news stories appearing in most daily and weekly papers and in the better magazines usually are built around direct quotations picked from the public utterances of men whose names or activities have news value.

#### Gasoline and Gold

An example lifted from a nondental field will illustrate the details of this practice. Consider, for example, a mythical story you might read of an automobile that would give you transportation for one and one-half cents a mile. An automotive engineer discussing this car would be specific in explaining that the penny-and-a-half applied to gasoline consumption; while you, as a thoughtful reader, would reason that the low estimate could not possibly include original cost, maintenance, depreciation, and eventual replacement, the total of which would boost the quotation six or seven times.

As mentioned previously, an automotive engineer would not permit such information to go out without complete facts as to the basis for the low estimate. Thus, he would guard against complaints directed against him and the industry he represents.

A comparable claim was reported recently following a sectional meeting of a large dental association when items appearing in metropolitan newspapers credited a speaker with estimating the cost of a gold inlay at not more than 60c, even though the patient might be charged \$30 or more for the work. It is not the role of this article to judge the accuracy of such an appraisal, but rather to consider the reactions of the millions of readers-dentists and patients -who saw and studied this statement. One certain result is that many practitioners will feel the consequences when they are questioned carefully on the subject of cost the next time they suggest the use of gold in restorations. And family dentists whose charges are not discussed openly may not realize that their patients have doubts concerning the justification of the bills presented to them for service in which gold has been used.

These two stories—the mythical one about the car and the actual report of gold costs—have much in common. To avoid misunderstanding, the automotive engineer would qualify his estimate as applying to one phase of car operation. In the gold report, the much larger investment of the dentist in his education and expenses required to furnish his office and op-

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erating rooms, were apparently overlooked as though they had no bearing on the prices the practitioner must charge to realize a return on his outlay of time, dollars, and skill.

And how did it happen that newspapers carried such a story as the one about the "60c gold fillings"? First of all, it was published because the statement was made. But to better understand the processes that led to its publication, it is necessary to search for the reason why this was picked from among all the other comments made by the speaker. A reporter listening to a speech, or reading a release of a talk to be given at a particular meeting, is alert for some one comment or statement of popular interest that can be placed in a headline or lead paragraph of his report to capture the attention of readers and encourage them to go deeper into the story. "Something on which to hang the story" is required in most news reporting, but it is particularly evident in instances where the reporter is not too familiar with the subject matter. Almost any reporter, and certainly the general public, will "perk up" at news of "60c gold fillings."

It is their realization of this practice that prompts many well-known political, professional, and business men to issue statements or to comment on a particular subject in a most guarded way. The words they use are selected be-

cause of the singleness of their meaning, and to defy the efforts of newsmen and others anxious to dig beneath the surface for hidden meanings. This is one reason the language of diplomats may require a thousand words simply to say "maybe."

#### **Fish Bowl Living**

Many general practitioners are not called upon to appear on public platforms. But, if they should be, what they say on such occasions will be analyzed carefully by listeners, although the topic of discussion may not concern their profession. Because of the position he occupies in his community, the dentist is exposed to more critical observation than his neighbor who goes downtown to business each day. His professional standing is not something that can be put on or taken off at will.

It is not easy, for instance, for a practitioner to take a positive stand publicly on matters of a religious or political nature. He may get nods of approval from those whose views are the same as his, but others will protest angrily, "He willingly takes money from patients holding opposite opinions, doesn't he?" And even though he may confine his expressions to the field in which he is best qualified, the possibility of criticism still exists. One dentist learned this at a P-TA meeting discussion during which he stressed the importance of a varied diet in establishing dental health among the children of the parents attending the meeting. In passing, he suggested that an excess of sweets was not desirable for the child. He did not wait long for a reaction. Two mothers present insisted that their children ate what might be considered excessive amounts of sweets, yet were almost entirely free of dental disease. The fact that the dentist's broad experience and specialized study gave him the authority to make his claim, the limited and personalized observations of these parents, lent dramatic conviction to their objections. Case histories to substantiate the dentist's remarks could not be offered at a gathering such as this. In fact, he did not intend to have his talk embrace this phase of dental care. It was not the use or non-use of sweets in a child's diet that he wished to stress; but, as so often happens, his listeners based their impression of his talk on a single casual statement.

In discussing anyone's "public," it is natural to look upon that person as appearing at times before large groups. But the dentist has his "public" made up of the people he meets and talks to indi-

vidually. The collective opinions of these patients, as formed through conversations with their dentist, are exactly the same as though his comments were made to the patients as a group. Like the reporter who rushes his story into print, patients also have a rush of words when, in the company of friends and neighbors, they explain, "Now my dentist, Doctor So-and-So, said . . ."

The spreading of news and the quoting of others is nothing new. It probably began when man first found he could transfer mental impressions through words formed by his tongue. But the media through which information is passed from one to many have grown so tremendously that the printed, broadcast, and pictured communications now have a constant hunger for more and more facts to distribute. To avoid having his personal opinions, and facts best kept within his own profession, sucked into this whirlpool of words and pictures, the dentist must speak and act cautiously, because his opinions may become public-too quickly.

934 North 63rd Street Philadelphia 31, Pennsylvania

#### IF YOU ENTER MILITARY SERVICE



IF YOU ARE CALLED to military service, please be sure to send us your new address, and address changes as the occur, so that we may continue to send you Oral Hygieni Please address Oral Hygiene, 1005 Liberty Avenue, Pittburgh 22, Pennsylvania.

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Have dental schools failed to provide practical training in business and psychology?

All Dressed Up

and No Place

to Go!

BY F. G. ROBESON, D.D.S.

IN A RECENT article in ORAL HY-CIENE, "Must Dentists Be Half Trained?" Doctor Dunn would remedy the present situation through better training by expanding the curriculum in our dental colleges to include "adequate training in oral medicine"; "rational consideration of fundamentals should supersede trial and error and mechanical mimicry," and he recommends that "state board examinations should be abolished." With all of this I agree most heartily. But even if all this were done, I would still say to the dental colleges, "One thing thou lackest; thou art weighed in the balance and found wanting."

Dunn, A. S.: Must Dentists Be Half Trained? ORAL HYGIENE 41:177-185 (February) 1951.

There has never been such economic chaos in the world as there is today. The present value of the dollar is 57c. In 1949, about 50 per cent of American families had an income of only \$3,000 or less, and over 80 per cent had an income of \$5,000 or less before taxes were paid. I have a strong hunch that it will be much less this year if Congress permits this "bite" of sixteen billion in increased taxes. So the young graduate will realize soon that not all patients drive up in Cadillacs. In addition to this, the cost of the basic necessities of life has increased 176 per cent. (It will be more next week.) It has been estimated that the average American family must now pay \$24 a week in taxes-either hidden or direct.

I think Doctor Dunn will agree with me that the dental student, after six years in school, is wholly unaware of the cost of living and

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of the problem of doing business. Someone else has been buying the groceries: the equipment, as well as the materials, has been furnished by the college; and, as I remember it, the fee in a clinic is considerably less than in private practice. And, there he has no worry about collections. So, I say the student is sadly unprepared in the most important feature of every successful practice. He is like Paul Revere without a horse, or a woodsman without an ax. The car is of the latest design and fully equipped, but there is no key for the ignition. Just give good service and forget about the fee. To speak plainly, we are faced with the cruel fact that we must convince the patient that he will have to part with some of his hard-earned cash.

#### Commercial Influence

In the meantime the commercial world has a staff of trained experts who are creating desires by means of convincing advertising in magazines, newspapers, radio, and television. The customer is well aware of what he is going to get. They do not say, "Open wide, please. It will cost you \$200 and I will send you a statement when the dentistry is completed." No matter how proficient we may be in casting an MOD or how scientifically constructed our dentures may be, it avails nothing if we have no patients who are convinced they need the service rendered. The patient should be informed of a just and adequate fee for the treatment before it is completed. But, unless he appreciates the value of the restoration, it will be a hardship for him to pay for it willingly. If you neglect to educate him in this matter, who will do it? Also he might be interested to know that fees vary according to the kind of restoration.

The dental graduate will soon find out that he cannot operate like a barker in a side show-one "crack" at a customer and then move on to the next town. A survey made by the Massachusetts Institute of Technology reveals the startling fact that 85 per cent of a man's success is due to his personality, not his school, nor his proud possession of an honorary scholastic key. The dentist is on trial and must pass an examination every time a patient is in the chair. His worries will not be concerned with a grade of A, B, or C, but rather how he will meet the rent payment when it is due. Our means of securing patients in large numbers is limited. We cannot offer a one-cent sale, or give coupons to attract people; yet we must increase our net income. This requires training that is not now and never has been offered by our dental colleges; that is, development of a practical business ability, together with a working knowledge of psychology.

5309 West North Avenue Chicago, Illinois 1. ]

## So You Know Something About DENTISTRY!

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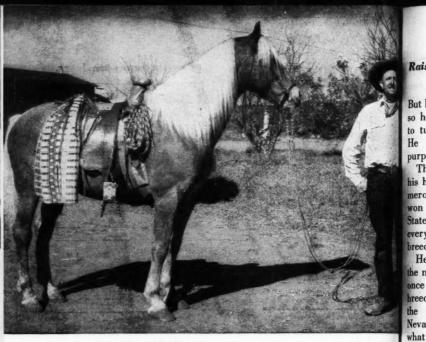
## **QUIZ LXXXII**

- Is calcification of the pulps of the deciduous teeth ever noted?
- 2. The exciting causes of fusospirochetal infections are (a) Borrelia vincentii (Vincent's spirochetes), (b) Fusiformis dentium (Fusiform bacillus), (c) other flora.
- True or false? In young persons, if a permanent molar has a questionable prognosis, it is much wiser to remove it

early-the earlier the better.

- 4. Sulfuric acid used as a pickling agent removes investment (a) more completely than, (b) the same as, (c) less completely than, hydrochloric acid.
- 5. In the upper cuspid which contact point is more prominent?
- 6. The highest level of need for restorations occurring at age fifteen is (a) 2.9, (b) 4.1, (c) 6.3 restorations.
- 7. Why must hemangiomas be excised with care?
- 8. Copper in a gold alloy (a) increases the hardness, (b) increases the strength, (c) lowers the melting point.
- Enamel is most highly calcified in its (a) outermost, (b) middle, (c) innermost, layer.
- 10. Does bone growth depend upon the development of teeth to any great extent?

FOR CORRECT ANSWERS SEE PAGE 989



This champion Palomino stallion, Caballero de Oro, has won me trophies for his owner, Doctor Leo Pruden of Santa Monica.

## California Dentist **Breeds Horses for Hobby**

BY EMILY ENGLISH

LONG HOURS in his office every day, five and sometimes six days a week, were beginning to take their toll. But when he began snapping at his patients and his family, Doctor Leo Pruden, of Santa Monica, California, was sure he needed a hobby-something that would keep him out of the house and would also keep his mind in from office worries.

When he was a boy on father's farm in Iowa, one of h chores was pulling weeds and ten ing the lawn. He always hated the job and made up his mind would never do yard work if could pay someone else to do i But

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#### Raising golden Palominos on his Malibu Mountain ranch absorbs all the spare time of Santa Monica dentist.

But he has loved horses all his life, so he felt it was natural for him to turn to horses for his hobby. He breeds Palominos for show purposes and pleasure riding.

That he has made a success of his hobby is evidenced by the numerous cups and ribbons he has won at horse shows all over the State, and by the mail he receives every day asking his advice on breeding.

He has gone to the telephone in the middle of the night more than once to answer the questions of breeders and buyers in the East, the Middle West, Texas, and Nevada, men who want to know what he thinks of a particular horse. In his opinion, is it worth the \$12,500 the owner is asking? Or maybe the buyer has heard of a horse in California and wants the dentist to take a look at it. If he thinks it is a good buy, will he please take an option on it for a woman in Pennsylvania who cannot get to the Coast right now? So, the next week-end he will drive hundreds of miles to the nd fr northern part of the State to look at a horse for someone else.

#### Canyon Ranch

In a small box canyon, surrounded on all four sides by the Malibu Mountains which form a natural fence, and forty miles do i from Santa Monica, Doctor Pruden found the perfect place for his champions. The land is fertile and he can raise most of his own feed. There is plenty of green grass and plenty of water. Blowing in from the Pacific, only a few miles away, the air is fresh and invigorating. At first he bought just a few acres of unimproved land. He cleared off the scrub brush and rocks and built his first barn. It was just large enough to stable the stallion and two mares he bought. Little by little he bought more land and built more barns. He acquired more horses, built a corral, and put up a small shack that would be shelter for him, his wife, and young son on week-ends. He even had to pay for the road that led to the ranch. The County would do the work, but he would have to furnish the money. He now has over 800 acres of rich land and has had as many as twenty-five thoroughbred horses at one time.

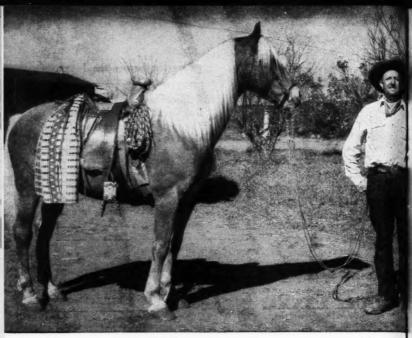
Doctor Pruden declares breeding horses is a fascinating hobby. You never know what you will get. For example, he has a champion stallion, a magnificent animal whose color is that of a new copper penny, the true Palomino color. He also has a thoroughbred mare that is not handsome. But somehow, for some reason, those two click and produce colts that are champions. He bred the stal-

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lion to a mare that had everything a breeder looks for in a horse and wound up with a colt that would never take first prize at a glue factory.

As Past President of the Palomino Exhibitor's Association of California, which is a charter state branch of the Palomino Horse Breeders of America, Doctor Pruden knows horses. He is an enthusiastic reader of anything pertaining to horse breeding, is an expert rider, and breaks his own horses to the saddle. He says some of them are hard to break and pull all sorts of tricks to get rid of the rider. But when they are saddle wise, they make wonderful riding

When he first started his hobby of breeding, some unscrupulous horse traders thought they had found a new and easy mark. They were sure a dentist would not know much about horses and figured they could palm almost anything off on him. One tried to sell him an eight-year-old horse, telling him it was a four-year-old. However, this was one beginner he could not fool. The dentist chased the fellow off his ranch.

#### **Horse Show Preparation**

"Getting a horse ready for a show represents months of hard work," the Santa Monica dentist said. "If he is entered in the Breeding Class, judges look at the way the horse uses his feet when running and walking. They watch carefully the way his ears stand first high and how he holds his head. As They judge his conformation and the sl his color. If the horse is entered in sharp the Halter Class, he is judged by cut a how he stands and how he holds He in his head. Your horse has to be the ci well trained and well bred to win. the d But it is the greatest thrill in the win. world to me to see a beautiful for hi horse, one that I have taken care er of of since it was born, win a blue amou ribbon."

Approximately six weeks before the horse is to be shown, the dentist starts grooming his entry. The animal is given a special diet and plenty of exercise to keep his weight down. Every day, seven days a week, the horse is brushed and combed and brushed again, His mane and tail are combed until every tangle is out and every hair shines. Doctor Pruden washes his horses with soap and water and brushes them by hand with a gunny sack or packaged dust cloth which has a slight roughness to it. He prefers hand brushing, as it gives the coat a natural burnish. The hair on the shanks is clipped close and the hoofs are polished he r to a high gloss.

At one recent horse show, Doctor Pruden had a heartbreaking saddl experience. He had been training a filly for a year. She looked and acted every inch a champion. She was easy to train and her shape cal c and color were perfect. She was spurs entered in the Breeding Class and horse he was quite sure he had the musi

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first prize securely in his pocket.

As he started to unload her at the show, she brushed against a sharp edge of the horse trailer and cut a huge gash in her right flank. He immediately applied alum to the cut to stop the bleeding, but win.

In the damage was done. She didn't win. The day was not entirely lost for him, though, as another breeder offered him such a fabulous amount for the filly he could not afford to turn it down.

All of Doctor Pruden's horses are registered stock and have been in shows all over California. His quarter horse, Sue City Sue, took first prize in 1950 at the Santa Barbara National Horse Show and his stallion, Caballero de Oro, was state Champion in 1948. He has won first and second prizes and trophies from amateur breeder shows throughout the State.

## ith a Mounted Policeman

cloth The dentist and his Palominos to it. are familiar figures on the streets as it mish of Santa Monica. As a member of pped the Santa Monica Mounted Police, he rides in many parades. His ished stallion, the champion Caballero Doc de Oro, wears a wooden Mexican aking saddle with ornate silver trappings ining topped off with a bright-striped Mexican serape draped over his and She back. Doctor Pruden wears a typishape cal cowboy outfit with boots and was spurs and a ten-gallon hat. As the s and horse lifts his polished feet to the the music of the bands, the crowd seems to know that horse and rider are having the time of their lives.

Commercial photographers often bring Hollywood models to his ranch for pictures which they use on calendars. The lovely girls wear colorful Western costumes and make a striking picture against the darker color of the Palominos.



Doctor Leo Pruden proudly displays some of the trophies and ribbons his Palomino horses have won.— Photographs by Don English

Doctor Pruden has practiced in Monica for twenty-five years. It took him twelve of those years to get his ranch the way he wants it. "And," he says proudly, "I paid for every acre of that land as I bought it. I paid cash for every horse I bought. And I'm still making improvements." He has built a small house to take the place of the little shack he first built and now has a caretaker who lives there and looks after his horses during the week.

Looking much younger than his fifty years, he will tell you the twelve years of work with his horses and all the money he has spent have been worth it. He knows his hobby has added years to his life. His wife and thirteen-

year-old son look forward to the week-ends at the ranch as much as he does and the three of them often ride for hours over the rugged mountains and the green valley, planning the future years.

On Monday morning, when he is a dentist again and returns to his office, he is ready and eager to face the coming week. After two days of fresh air and sunshine, he is relaxed and happy. He is a man who knows what he wants to do. Some day he is going to retire and live the rest of his life in that little canyon surrounded by mountains, where he can spend all the time he wants with his beloved horses.

2912 Sanborn Avenue Venice, California

#### CURE FOR CARIES

WE ARE all searching for truth and the truth at present is that we do not fully understand the caries problem. Without doubt, it is right to follow each lead which promises a reduction of caries incidence, such as fluorine therapy, impregnation therapy, scrupulous oral hygiene, dentifrices with dibasic ammonium phosphate, urea, or both; in the hope that ultimately one will effect a complete elimination of this disease.

While the problem of dental caries at present seems to be difficult and complex, there is no doubt in the writer's mind that the solution will be found some day, and it seems quite probable that when it is found it will be based upon a simple cause, likely a predisposing cause for which the cure will be readily at hand.—Charles F. Bodecker, D.D.S.

#### WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania

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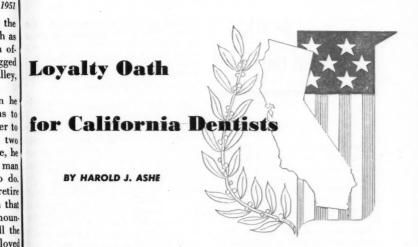
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ALL PERSONS licensed to do business by thirty-four state boards and commissions would be required to take an oath of loyalty to the United States by a bill introduced in the California Senate by Senator Hugh Burns, Fresno. Among others, the bill would apply to dentists. It has been referred to the Committee on Business and Professions.

The loyalty oath would become part of the present Business and Professions Code and would affect about 35,000 professional men, contractors, and businessmen now licensed by the state to practice professions or conduct business.

The bill, if it becomes law, would vastly extend the state's power to license and police the various professions and trades. Until now, licensing has been used primarily as an instrument to maintain and enforce certain minimum professional and business standards and ethical conduct.

Ninety days after passage of the measure, all licensees would be required to file an affidavit of loyalty, the same oath all state employees now take. Failure to comply would result in cancellation of licenses which would prevent the licensee from continuing his business or profession. The penalty for a false affidavit would be the same as for any perjury, punishable by imprisonment in the state prison for not less than one year nor more than fourteen years.

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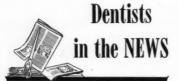
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Washington (D.C.) Post: Fluoridation to reduce caries in children's teeth has long since passed the experimental stage, according to Senator Lester C. Hunt of Wyoming, who is also a dentist. He added, "There's no question that the addition of fluorides to municipal water systems is helpful."

With this assurance, Senator Hunt, together with District of Columbia officials, is urging the appropriation of funds for a water fluoridation program for the District this year. Water officials estimate that such a program would cost at least \$200,000 the first year and \$100,000 each year thereafter.

Los Angeles (California) Times:
Doctor William Cleland of North Hollywood was honored at a recent luncheon
given by the University of Southern
California chapter of Delta Sigma
Delta, the oldest dental fraternity to be
founded in the United States. Of ten
charter members, Doctor Cleland is one
of the two surviving organizers of the
fraternity.

Tulsa (Oklahoma) Daily World: After 33 years of practice in Tulsa, Doctor Frank C. Reisling retired in 1946 and moved with his wife first to Sulphur Springs, Arkansas, and later to Gravette, Arkansas. His retirement was shortlived, however, for Gravette had no dentist and its citizens had to travel 21 miles to the nearest one. There was only one choice for Doctor Reisling. He took the Arkansas state board of dentistry

examination and, at the age of 76, passed. Some of his patients can pay for dental service; others cannot. But either way is all right with the Reislings. A lifelong sports enthusiast, Doctor Reisling even skips baseball games in favor of a needy patient.

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Worcester (Massachusetts) Daily Telegram: A Guild of St. Appolonia has been formed by about 35 Catholic dentists in Worcester to advance spiritual, professional, and intellectual pursuits; to promote a feeling of cooperation; and to cherish and protect the interests of individual members. One of the guild's primary objectives is to provide necessary dental care for children in Catholic institutions throughout the diocese. A dental clinic has already been installed and equipped at Nazareth Home for Boys in Leicester, and it is staffed by members of the guild.

Officers of the guild are, Doctor Anthony J. Karpawich, president; Doctor James J. Consolmagno, secretary; and Doctor John E. McAuliffe, treasurer. The guild is named after St. Appolonia of Alexandria, a Third-Century martyr and patron saint of dentists.

Los Angeles (California) Times: A foremost railroad hobbyist and one of the oldest in Southern California is Doctor Loyal J. Crowl, 72, a retired dentist. Since he was a boy, Doctor Crowl has been making models of railroad cars, his first ones being made of cigar boxes with spools for wheels. Now he spends weeks and months making cars for collectors.

St. Louis (Missouri) Star-Times: "Eat plenty of fresh fruit and vegetables and go easy on the sugar." This is the recipe for longevity offered by Doctor Walter Luckie Reed, the oldest practicing dentist in Missouri. At 92, the alert dentist still maintains a full daily schedule in his Mexico, Missouri, office without a tremor or shake in his

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full uri, his hand. Doctor Reed estimates that he has treated 15,000 patients during his 68 years of practice.

Atlanta (Georgia) Journal: Poetdentist Doctor Anderson M. Scruggs was honored during the spring at an autographing party in Atlanta upon the publication of his third book of poetry, "What Shall the Heart Remember?" Published by the University of Georgia Press, the book contains 69 poems. Doctor Scruggs, professor of dentistry at the Emory University School of Dentistry, is the author of "Glory of Earth" and "Ritual for Myself," published in 1933 and 1941, respectively. His poems have been published in national magazines and have been included in American and English anthologies.

Life Magazine: A ten-cent store purchase of some watercolors and a book of instructions fifteen years ago initiated a painting hobby for Doctor Arnold Goldwater of New York. Still practicing in New York, the 71-year-old dentist paints every day, although he now uses oils on the advice of a patient, Doctor Goldwater's most frequent subjects are scenes along one of his favorite routes to Greeley, New York, where he spends vacations and weekends. He paints them from memory in his office during lunchtime.

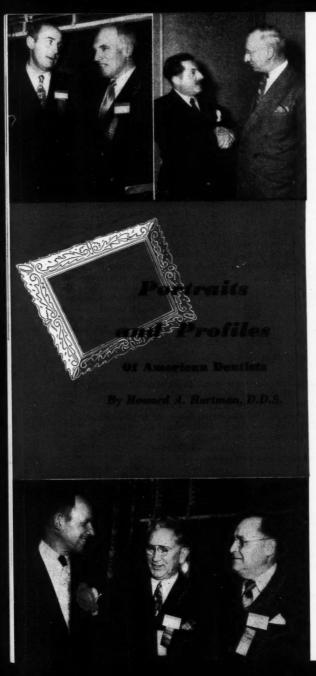
New York (New York) Times: A collection of some 5,000 books on dentistry has been added recently to the library of the College of Dentistry of New York University. These volumes represent the lifetime collection of Doctor Theodore Blum and were obtained through the college's alumni association with the cooperation of the University. Among them, is the "Zene Artzneybuch" written in 1546 and believed to be the earliest known specialized book on dentistry, as well as a 17th-Century volume by Charles Allen entitled "Operator for the Teeth," reputedly the first dental book written in English.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Margaret O'Mara Kelley, 1237 Princeton Street, Santa Monica, California.
P. G. Wright, 104 De Belle Street, Clarkston, Georgia.
Mrs. Viola Mayall, 5640 Cates, St. Louis 12, Missouri.
H. Milton Fielding, D.D.S., 32 Franklin Street, Worcester 8, Massachusetts.
Fred F. Tomblin, 2523 Fifty-Fifth Street, Huntington Park, California.
Major Alex Grower, 0-36, Fort Belvoir, Virginia.
Morris Cohen, 1132 Euclid Avenue, Miami Beach, Florida.
Doris Roberts, Box 54, Tahlequah, Oklahoma.

#### CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News. Oral Hygiene, 708 Church Street, Evanston, Illinois.



Left: K. S. Richa son, Executive Sea tary Chicago Den Society; and Jam H. Keith, Editor, The nightly Review, Pre of ident-Elect, Chica forn Dental Society.

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Above: Bruce Kurtz of Pasaden California, with A.1 Schopper of Kana City, President M souri State Den Association.

Right: The Board Directors, Midw Seminar of Den Medicine (left right); Chester Thorsen, Evanste Paul B. Bass, 1 mette; Henry Q. C. ley, Evanston; Is Schour, Chicag Theodore A. Ro Bloomington; Allan G. Brodie, C cago, Illinois.

Left: Left to right: Hayes Harold H. George E. Meyer, Chicago; and James E. Fonda of Winnet ka, Illinois.

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Richa Right: Wilber P. Mcve See Nulty of Fort Wayne, Den Indiana (left); and I Jan Robert W. McNulty, form Dean, College of e For Dentistry University ew, Pro of Southern Cali-Chica fornia, Los Angeles.

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Right: William R. Alstadt, Little Rock, Arkansas; John W. Green, Springfield, Vinnet-Illinois; and George A. Coleman of Philadelphia (left to right).





## EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

#### THE DENTIST SHOULD KNOW HIMSELF

SATISFACTORY interpersonal relationships are not one-way streets. Suc fasci cessful relationships between people cannot be established unless both parties participate. The psychologists call this mutually favorable condition rapport. It means that both persons must have respect, good will and understanding. When one person has these attributes and the other lacks them, it means that the relationship is not two-way, therefore, cannot be satisfactory.

We have given attention to the attitudes that the patient has toward the dental experience. We have probed his psyche to uncover the reasons why he stays away from the dental office and often acts apprehensive and unappreciative after he arrives. We have done little in the way of introspection and self-analysis to uncover the attitudes that we have toward patients. In this day of psychosomatic emphasis we give minute consideration to the feelings that the patient has toward his disease and to the one who treats him. It is time that we examine the feelings of the one who performs the treatments. This has been done in an exemplary fashion by a physician in an address before the American Medical Association.1

Doctor Bartemeier expresses himself in these words:

"The doctor's trust or mistrust of his patient, his fears or his dislike for him, are factors which often determine how well or how poorly the patient responds to the medicines he prescribes, the treatments he administers, or the operations which he performs . . . If the physician suffers from feelings of uncertainty about himself as a person, if he is given to morbid doubts and recurrent anxiety, he is likely to feel indecisive about his clinical findings and his programs of treatment for his patients. Regardless of his attempts to hide his feelings from his patients, they sense his indecisiveness, his varying degrees of uncertainty and uneasiness, through his tone of voice, his choice of words,

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<sup>&</sup>lt;sup>1</sup>Bartemeier, L. H.: The Attitude of the Physician, JAMA 145:1122-1124 (April 14) 1951.

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nt for m his incervords, 1951. his hesitancy of speech, bodily tensions, the suddenness or brusqueness of his movements, and in numerous other subtle ways. The relationship between doctor and patient is usually a two-way screen, and while the physician studies his patient, his patient is observing many facts about him which he may never disclose but which may have an important influence on the effectiveness or failure of the physician's advice, his prescriptions, or his treatment. These facts tend to be overlooked or to be minimized. They are seldom, if ever, discussed among physicians or by patients themselves, but they are observed to be crucial factors in the professional care of many sick people."

It may be added that neither are these facts discussed among dentists, although patients often discuss them among themselves. It is a . Suc fascinating pastime to listen to "dental talk" among people without both letting them know that you are a dentist. When a dentist is mentioned in such a conversation, a passing tribute is usually given to his skill: d will, "He is a good dentist," "the best dentist," and similar praise. Occaother sionally, of course, the reference is violently uncomplimentary. Next, refore, mention may be made concerning the pain and expense factors involved in the dental experience. When, however, the dentist as a person is oward discussed we may expect any kind of description from the ear-burning e real expression of violent dislike to warm praise that almost puts the denrehen tist in the sainted category.

Everyone, and with some justice, considers himself an authority have when he expresses an opinion on the human personality. One may be utterly unaware of the formal personality type projections of psychologists, but none-the-less, he knows when he likes or dislikes someone. of the Dental patients are entitled to their feelings about their dentists and in a free society are ready to express them to anyone who will listen.

All people are anxious for approval and acceptance. The dentist is no exception. He would like to discard his undesirable behavior traits and enlarge his stock of desirable ones. It might be good discipline if occasional dental programs and dental articles were planned to help the dentist develop insight and better understanding of himself.

Edward J. Ryan



## TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

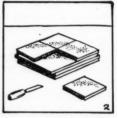
Drawings by Dorothy Sterling

#### **Individual Trays at Low Cost**

BY KARL J. HUMPHREYS, D.D.S.



Using stock tray, take snap impression—either alginate or compound. Run model.



Buy squares of asphalt tile ½" thick (used for floor covering—7-10c per square). Cut it into pieces about 4" square.



SO

Heat a piece over Bunse flame. Then, holding with a towel to protect fingen adapt it to the model. (At eraser is handy for adapting at periphery.)



Trim the edges with shears while the asphalt is still hot.



Let the asphalt cool. Then smooth the edges with a vulcanite file.



Add compound to labil to form a handle. Proceed a per with your own impression technique.

#### SO YOU KNOW SOMETHING ABOUT DENTISTRY!

#### ANSWERS TO QUIZ LXXXII

(See page 975 for questions)

- Yes—calcification has been noted before eruption. (Ehrich, W. E.: Pathology, Philadelphia, Lea & Febiger, 1941, page 378)
- 2. (a), (b), (c)—all are exciting causes. (Burket, L. W.: Oral Medicine, Philadelphia, J. B. Lippincott Company, 1946, page 40)
- True. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, page 184)
- (c) less completely. (Horner, C. E.: Practical Hints on the Use of Common Acids in Pickling Golds, Queensland Dent. Journal 1:231 [December] 1947)
- 5. The distal contact point. (Sicher, Harry: Oral Anatomy, St. Louis, C. V. Mosby Company, 1949, page 213)
- (c) 6.8 restorations. (Pelton, W. J.; and Wisan, J. M.: Dentistry in Public Health, Philadelphia, W. B. Saunders Company, 1949, page 28)
- 7. They are known to invade the underlying bone and the visible tumor may be only a small part of an extensive central angioma located in the bone. (Thoma, K. H.: Oral Surgery, Vol. 2, St. Louis, C. V. Mosby Company, 1948, page 1218)
- (a), (b), (c) all. (Lane, J. R.: A Survey of Dental Alloys, JADA 39:426 [October] 1949)
- 9. (a) outermost. (Leicester, H. M.: Biochemistry of the Teeth, St. Louis, C. V. Mosby Company, 1949, page 84)
- No. (Sicher, Harry: Oral Anatomy, St. Louis, C. V. Mosby Company, 1949, page 119)

#### BALLPLAYERS ARE SISSIES NOW

TODAY IT'S psychosomatics; in the early days it was bad teeth. John J. McGraw attributed the sore arm to bum molars and would bring a dentist to camp to check the muscular munchers. Later, the Cleveland Indians did the same thing. Some, like Rollie Hemsley, thought it was nonsense and balked at seeing the "jaw man." Trainer Lefty Weisman buttonholed Hemsley and explained that it was an order, not a request.

"Okay, Lefty," Hemsley replied. Reaching into his mouth he extracted a pearly set of dentures. "Here, take these to the doctor and let me how what's wrong with them!"—The Saturday Evening Post.

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## **ASK**

## Oral Hygiene



Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

#### Xerostomia

Q.—I have a patient of 68, a practicing physician, who for the last six weeks has had dryness of the mouth. During the night he has a thick and sticky substance forming on his teeth and lips. It hardens so it looks like cellophane and, as he takes it off, it sticks to his fingers. His tongue is red. He has consulted a diagnostician and a nose and throat specalist. His blood tests show hemoglobin 105, red cells 5,700,000, and white cells normal, urine test normal. The physicians he has consulted have not been able to give him any help beyond high-powered vitamin B complex.

I advised him to stop smoking and to take a couple of cocktails before meals. This has increased the flow of saliva during his meals and for about two hours afterwards. He also tells me that chewing gum all day increases the saliva, but 15 minutes after he stops his mouth is dry again. I have taken a fullmouth X-ray and find one pulpless tooth which I am going to extract. However, I do not think that is going to help us. It seems to me it must be a glandular condition and that there must be some drug which will stimulate the flow of salvia. If you can give me any information, I shall greatly appreciate it,-W.A.T., New Jersey.

A.—It would seem that the physicians in attendance on your patient with xerostomia have been unable to find the cause. In such cases it is advised to use the following prescription:<sup>1</sup>

Pilocarpine, hydrochloride 0.3 Aquae destillat 15.0 cc.

Sig. Five drops in a little water three times a day after meals. Increase the dose every third day by one drop until 8 or 10 drops per dose are taken.— George R. Warner.

#### Salty Taste

Q.—I should appreciate it if you could help me in diagnosis and treatment of the following case:

A medical student, the son of a physician, has a decided salty taste in his mouth. He has been given penicillin troches and has been treated for Vincent's infection. Still, the salty taste persists.

Thanks for any information you might be able to give me relative to this case.—E.A.H., Ohio,

A.—Your question about a salty taste is one that is raised or casionally and one for which we have not found a satisfactory answer after searching the INDEX OF PERIODICAL DENTAL LITERATURE for the last fifteen years. One book gives something on the subject that should be particularly interesting to a medical student and his physician father. "The saline taste is present not only in sodium chloride but in the whole range of

<sup>&</sup>lt;sup>1</sup>Prinz, Hermann; and Greenbaum, S. S. Diseases of the Mouth and Their Treatment, Philadelphia, Lea and Febiger, 1935, p. 502

## How to prevent breakage



— in plastic partials that include one or more isolated teeth

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the thin, small area of vulcanite or acrylic material supporting the isolated tooth – use Steele's new DENTURE BACKING with adjustable reinforcing bar

The adjustable reinforcing bar of this new Steele's backing is embedded in the denture material – becoming an integral part of the denture. It adds strength and rigidity to the thin, narrow area of denture material on which the isolated tooth is mounted. The denture backing is designed for a standard Steele's facing – either Flatback or P. B. E. A shoulder on the lingual of the backing provides an accurate finish line for the denture material. The technic is simplicity itself.

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WERNET'S POWDE

# WERNET DENTAL LORE

**JULY 1951** 

Women are not new in dentistry! The first woman to practice dentistry in this country is thought to be Dr. Emeline R. Jones, who became her dentist-husband's assistant in 1855. The first woman to graduate from a dental school was Lucy Taylor, who won her degree from the Ohio Dental College in 1866. Yet, even today, there are some dental schools who bar female students, although the Army is appointing women dentists to its reserve.

Tests change with the times. This year, all but one of the nation's dental schools will employ a special aptitude test devised by the ADA's Council on Dental Education, to help select 3,150 students out of the estimated 12,000 who will be applying for admission in the fall of 1951.

The alertness of the American public to new scientific developments is indicated by the fact that, in the past two years, 45% of the families in U.S. bought ammoniated dentifrices, whose use increased over 35% in 1950 over 1949.

It's no subversive observation to note that (dentally speaking) George Washington's bark was often worse than his "bite," since he was notoriously careless with his "store teeth." In fact, John Greenwood, pioneer American dentist, had to make six sets for him between 1789 and 1798, four complete and two partial dentures.

Contrary to the impression still prevailing in some professional quarters, the use of gum arabic or gum tragacanth in the formulation of a denture adhesive such as Wernet's Powder, has long been superseded by the use of gum karaya, because of the more ready solubility of the latter, and its softer effect when applied to the tissues.

## WERNET DENTAL MFG. CO., INC. Jersey City 2, N. J. Dept. 3-G

Please send me a complimentary office supply of Wernet's Powder.

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compounds such as the chlorides of potassium, lithium, ammonium, and magnesium, and the sulphates, nitrates, bromides, and iodides of sodium and potassium. The salty taste of sodium chloride is due, although not exclusively, to chlorine ions; in sodium bromide, it is due to the bromine. With the sulphates of sodium and potassium, as well as their nitrates, it is the sulphate and nitrate ions which are the effective agents. Thus, all saline tastes depend upon ionic stimuli and these stimuli are the anions of the respective salts."2

The foregoing may give the physician and his son a lead as to the son's exposure to elements in the chemical laboratory or elsewhere that could result in the salty taste which he is experiencing.

In some gall bladder conditions people have various unnatural tastes in their mouths, among them bitter and salty.—George R. Warner.

#### **Dry Socket**

Q.—I have been plagued in the last few weeks with more of those pesky dry sockets than I ever hope to see, and I cannot figure out what causes them. These cases have involved lower first and second molars, all of them rather difficult extractions because of the length of the roots and consistency of the bone. I have reviewed my extraction technique, the sterilization of instruments, and the postoperative care; and can find nothing different from what I

have been doing in the past, except that now I am using a rather new type of anesthetic which contains 4 per cent procaine with 1:2500 neo-synephrine.

I do not know whether to attribute the dry sockets to the strength of this anesthetic or to continue to regard them purely as infected sockets, as I have always done; the infection being caused by sources outside any medication I may be using.

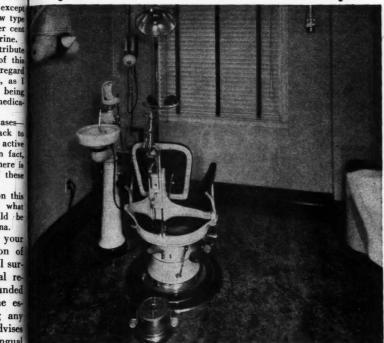
As to the treatment of these cases—all have been hard to bring back to normal and one of them is still active after four weeks of treatment. In fact, I am beginning to believe that there is such a thing as overtreatment of these conditions.

Please give me your opinion on this matter—its possible cause and what treatment (or treatments) would be beneficial.—E.R.F., North Carolina,

A .- Let me first take up your question as to the prevention of dry sockets. A number of oral surgeons think that the surgical removal of teeth that are surrounded by condensing osteitis is the essential means of preventing any dry sockets. One writer advises laying back a buccal and lingual flap, exercising care not to injure The the periosteum. He then advises the removal of the "lateral cortical bone for between one-third and one-half of the root length." "After extraction of the tooth, an attempt is made to remove all sclerotic bone surrounding the tooth socket." After cleansing the socket of all bone debris and fragments, the tissue flaps are brought together and measured for approximation. "They are trimmed so that the base of the approximated tissue lies on the bone. Either silk or

<sup>&</sup>lt;sup>2</sup>Prinz, Hermann; and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment Philadelphia, Lea and Febiger, 1935, p. 38.

# , 1951 Complete satisfaction . . . sums up



X-Ray room in the office of Dr. E. B. Gibbins, Newark, N. J., shows complete utilization of Nairn. The floor, cove base, and walls of Nairn Linoleum provide maximum cleanliness, beauty, and service.

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dermal sutures can be used and they are left in place five or six days or until there is good union of the flaps."<sup>3</sup>

We find in most cases of dry socket that packs of sedative cement will relieve the pain almost immediately. We mix a little cotton or narrow gauze with the cement. This pack can be lifted out if or when there is return of the pain and a fresh pack put in place. In some cases, one pack suffices and seldom do we have to put in more than three packs when circulation is reestablished and the further healing is uneventful.

The authority cited says the anesthetic procedure has nothing to do with the condition whatso-ever.—George R. Warner.

#### Oatmeal and Calcium

Q.—Will insufficiently cooked oatmeal eaten with milk and cream deplete the calcium content of the body and thus injure the teeth? A woman says it must be cooked at least four hours so as not to affect the calcium content of the body.—D.A.H., Kansas.

A.—I would be inclined to ask this woman for the source of her information on this subject. Neither Doctor Warner nor I have ever seen such a statement in print and I doubt that this statement could be made with any scientific backing.

Long cooking no doubt makes oatmeal not only more palatable, but more digestible, but I cannot

SOsterloh, J. P.: Surgical Prevention of Dry Socket, JADA 32:1109-1111 (September 1) 1945. imagine how it could deplete the calcium content of the body if eaten either partly cooked or raw.

—V. CLYDE SMEDLEY.

#### Calculus

Q.—I have a patient, a teen-aged girl whose general oral condition is above average. However, every two or three months a deposit of soft, white calculus forms on the left side only. In the lower jaw the calculus forms on the lingual, buccal, and occlusal surfaces, almost covering the molars.

Any advice you can give me will be greatly appreciated.—H.J.K., Massachusetts.

A.—This young lady has undoubtedly developed the habit of doing all her chewing on the right side. She should force herself at once to do all chewing on the left side until she can use it efficiently. After that, she should make a serious effort to use both sides equally.—V. CLYDE SMEDLEY.

#### **Blood Blisters**

Q.—I have a patient, a woman of 61, who has had apparent blood blisters in her mouth for several months.

She came to me for treatment about two months ago, but I have been unable to help her. These blood blisters appear spontaneously regardless of diet, oral hygiene, on almost any of the soft tissues of the mouth. At times she has only one, which may be from one-eighth of an inch to an inch in length and one-eighth of an inch wide. Another time she may come in with three or four. She has a partial lower denture, but with it in or out the blisters occur on the cheek, tongue, palate, or under the tongue. Remaining teeth appear normal in roentgenograms that I have taken

They are not painful to any great ex-

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215 SOUTH FIRST STREET DEPT. H, SAN JOSE 13, CALIF. tent but are an annoyance. Usually, they burst when she is asleep, and thereafter the tissue appears normal.

She also has these blisters on the chest, abdominal region, and occasionally on the limbs. Wherever she bruises herself, she displays a dark ecchymosis,

Blood tests are negative to sugar and albumin. There is no history of syphillis. She has no children. Her health in general has always been good, and she has never been overweight. As a farm wife, she has always been able to do considerable work in and outdoors.

I should appreciate your advice and probable diagnosis.—J.B.H., New Mexico.

A.—Your letter presents a problem which does not seem to be purely that of the oral cavity. Prinz and Greenbaum<sup>4</sup> have nothing that at all resembles your case and we have never seen a similar case. I find nothing in Kronfeld<sup>5</sup> that is of help, nor does Thoma<sup>6</sup> describe such a case. I believe, therefore, that the condition is systemic with oral manifestations, and that a complete physical examination is indicated. The blood examination should be complete also.—George R. Warner.

\*Prinz, Hermann; and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea and Febiger, 1935.

\*Kronfeld Rudolf: Histopathology of the Teeth and the Surrounding Structures, Philadelphia, Lea and Febiger, 1933.

\*Thoma. K. H.: Oral Diagnosis and Treatment Planning, W. B. Saunders Company, Philadelphia, 1937.

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# designed specifically for plastic AND TO AVOID CUSPAL INTERFERENCE



Note grooves A A in above upper first molar. Lower buccal cusps slide smoothly along these directional arrows with no mechanical interference.

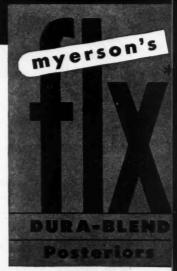
 Note sharp cusp ridges; surfaces that meet at cusp ridges are flat and smooth.

Between lingual cusp ridges, instead of natural sulci there are two grooves directed inward and anteriorly following natural movement of lower jaw. Buccal cusps of lower molar slide along these grooves without mechanical interference. This unusual formation operates to keep cusp ridges sharp and prevent dimensional loss of teeth.

FLX posteriors offer no setup problems. Geometric type ridges fall quickly and naturally into position in the opposing grooves.

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Send for booklet on scientific testing of plastic teeth.





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"Why, Mac, you've lost your stutter!"
"Ay, A've been doin' a lot of telephonin' tee America lately."

"My wife has been nursing a grouch all week."

"Been laid up, have you?"

"Hey, you! Pull over!" shouted the traffic officer. The lady complied, and the judge next day fined her \$25.00. She went home in great anxiety lest her husband, who always examined her check book, should learn of the incident. Then inspiration struck, and she marked the check stub, "One pull-over, \$25.00."

Displaying her wedding gifts, the bride came to one from the groon Army buddy. "I just adore these personalized gifts," she said. "We receive towels and washeloths with HIS and HERS on them, but," she blushed, "the is even more personal." And a fingered an olive drab blanket with the letters US stamped in the middle.

Little Rosalie, a first-grader, walkin with her mother, spoke to a small be "His name is Jimmy and he is in m grade," she exclaimed.

"What is the little boy's last name?" her mother asked.

"His whole name," said Rosalie, "i Jimmy Sitdown—that's what the teacher calls him."

An American soldier in England was giving some illustrations of the size of the country. "You can board a train in the state of Texas at dawn," he said impressively, "and twenty-four houn later you'll still be in Texas."

"Yes," said one of his English listeners, with feeling, "we've got trains like that here, too."

Roberts: "Every time I kiss you it makes me a better man."

Theta: "Well, you don't have to try to get to heaven in one night."

(Two college presidents discussing what they'd like to do when they retire.)

Ist President: "I'd like to be a superintendent of an orphan asylum so I'd never get any letters from parents.".

2nd President: "Well, I've a much better ambition. I want to be warden of a penitentiary. The alumni never come back to visit."

"It certainly was considerate of Jones to buy his wife a new washing machine."

"Sure was. The old one made 50 much noise he couldn't sleep."



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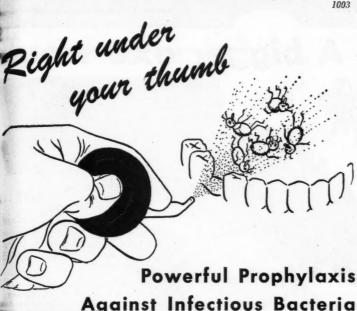
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REFERENCES: 1. Henschel, C. J. and Lieber, L.: J. Dent. Research, 28:248, 1949. 2. Kirchheimer, W. F. and Douglas, H. C.: J. Dent. Research, 29:320, 1950. 3. Lefkowitz, W. and Tanchester, D.: N. Y. Dent. J., 16:297, 1950. 4. Stephan, R. M.: J. Dent. Research, 22:63, 1943.

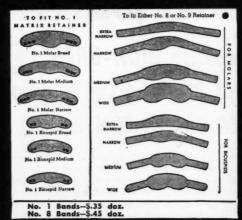
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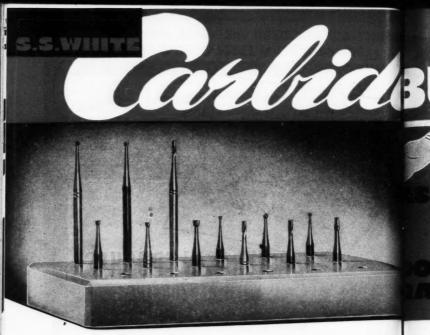
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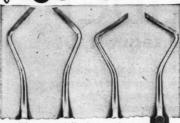
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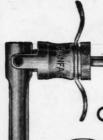
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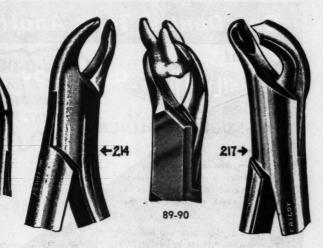
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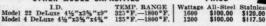
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# Skilfully made for more than a quarter-

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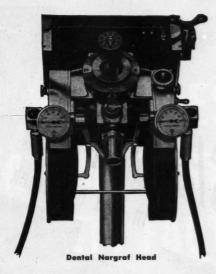
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Whenever you have a sensitive cavity to prepare or tooth-grinding which may be painful, you can say to your patient—

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Just place the rubber bulb in his hand, tell him to squeeze it whenever his tooth is too sensitive . . . Then start your work.

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An Efficient Dentifrice Pleasant tasting Refreshing

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-the Swinging-Arm Seat-Mount and the Tilt-Adjustable Seat-Post make possible this fatigue-preventing "SIT...stand... SIT" change-of-position way.

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· Start now to use this tested, accepted alloy that has been used by leading West Coast Dentists for over 18 years.

Speyer's Alloy is carefully made from C.P. metals. You will find it amalgamates smoothly in minimum time, carves exceptionally well in ten minutes and produces a hard, wellsealed mass that polishes beautifully.

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4.4 microns per Cm expansion in 24 hours. •1.6% flow 24 hours after amalgama-

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# Chlorophenyl

containing HEXACHLOROPHENE (G-11\*)

is free from phenol (Carbolic Acid) or mercury compounds, and is highly effective in its rapid destruction of commonly encountered vegtative bacteria (except tubercle bacilli), as shown in chart.

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Compare Linguistre Superior	bactericidal as	Without Blood
Vegetative Bacrers Staph. aureus	15 min. 15 min.	1 3111
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PRICE
Per Gallon \$5.00
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Ask your dealer

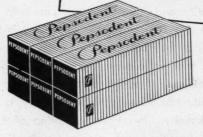
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A BARD-PARKER PRODUCT

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To verify among your own patients the results of recent laboratory tests, please accept...

6 free samples of PEPSODENT tooth paste



A SERIES of tests under rigid laboratory controls shows that PEPSODENT gets teeth cleaner and brighter than the average of all other leading tooth pastes.

At the same time, the evidence indicates that it is one of the least abrasive dentifrices known.

Now PEPSODENT'S Professional Department invites you

to observe the effectiveness of PEPSODENT'S unique cleansing and polishing properties on six of your own patients.

Please understand that acceptance of these free samples places you under no obligation. However, any comments you care to make will be of real interest and value to our laboratory people.

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# Add "DENTENACIOUS to your vocabulary...

(From the Latin dens—tooth; and tenacious—cohesive, holding fast, slow to relinquish a hold, retentive.)

FASTEETH is "Dentenacious" because of the specially selected blends of Karaya vegetable gums in its formula. These gums not only meet the U. S. standards for quality and purity but are carefully blended to produce the famous "cohesive" consistency so characteristic of FASTEETH.

If you feel that a denture powder is indicated during the "breaking-in" period of a new denture, FASTEETH is a product of the very highest quality, buffered to a mild alkalinity. The recommendation of FASTEETH is rewarded by the satisfaction of your patients.

"All ingredients in FASTEETH meet the official United States drug standards for purity and quality." Gum Karaya N.F. VIII, Sodium Borate U.S.P., Oil of Peppermint U.S.P.

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CLARK CLEVELAND, INC.
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Gentlemen: Please send brochure, "Denture Closeups."

DR.\_

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IVORY MATRIX BANDS were originally designed and improved to be used with IVORY MATRIX RETAINERS.

IVORY MATRIX BANDS conform to the gingival, buccal and lingual margins of the tooth, restoring the tooth to its original shape in close contact with the adjoining tooth.

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For partial, orthodontic, and edentulous impressions, and for accurate duplicating, too.

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A new booklet that will actually SHOW patients the use, care and what to expect from their dentures.

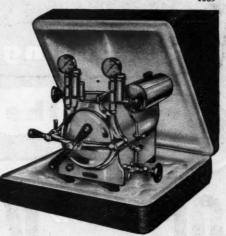


"How to Use Artificial Dentures" (incorrect and correct biting).
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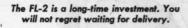
Here is equipment that not only dignifies and decorates the professional office, but, at the same time, dispels fear of post-operative infection. Its 6 by 12-inch pressure chamber offers the ultimate in positive destruction of spore-bearing bacteria. And the FL-2 is as fast as it is safe. It reduces the time between consecutive sterilizing periods from many minutes to seconds.



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#### SPECIAL PELTON CABINETS for FL-2 AUTOCLAVE

These two new Pelton cabinets have been specially designed to accommodate the FL-2. Graceful lines and quality construction are in keeping with the Autoclave's beauty and efficiency.





MODEL 40

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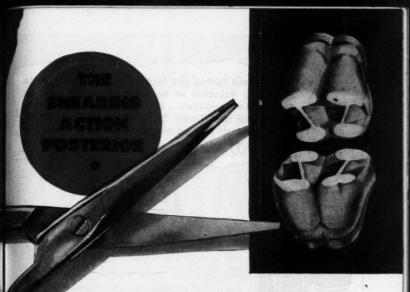
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#### DESIGNED FOR MAXIMUM EFFICIENCY, FREE LATERAL MOVEMENT AND NATURAL APPEARANCE.

**FLAT OCCLUSAL DESIGN** Myerson's Dura-Blend SHEAR-KUSP is the *only* plastic posterior that combines flat occlusal design with natural appearance.

SHEARING ACTION The shearing action, as graphically illustrated in the diagrams below, provides the ultimate in masticating efficiency in a non-interdigitating posterior.

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UNPRECEDENTED PROTECTION Made in the famous Dura-Blend plastic material, Shear-Kusp is guaranteed against excessive wear, crazing and heat distortion by the only warranty of its kind in the dental field.

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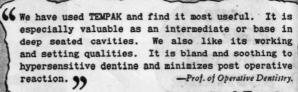
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Action is Shearing





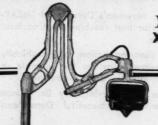
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So we suggest: make this simple test . . .

Take a PHILIP MORRIS—and any other cigarette. Then,

Light up either one. Take a puff one don't inhale—and s-l-o-w-l-y let the smoke come through your nose.

Now do exactly the same thing with the other cigarette.



Notice that Philip Morris is definitely less irritating, definitely milder.

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Here is a combination of a form-fitting Anterior Retainer and pre-formed Stainless Steel Matrix Bands which provide for the first time positive, non-yielding pressure for making denser, more compact, retentive and volumetrically stable anterior restorations. Permits use of thicker mixes of acrylic and other modern filling materials never possible with manual pressure. This new scientifically designed retainer is easy to use . . . quickly adjusted . . . LOCKS securely . . . and instantly removed. Made of non-corrosive, Stainless Steel to last a lifetime. Complete with a quantity of special pre-formed (pat. pend.) bands. Additional bands as needed at low price.

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If you are planning a trip to Britain during the Festival this summer, we cording invite you to visit the "Home of Ash Pars.

Further details will be gladly supplied by —

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Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$4.

A DENTIST WHO CAN WRITE well on technical topics, who has plenty of initiative, and good ideas, and who is capable of carrying them out, will find a remarkable opportunity in a large, successful organization. Please tell all about yourself. Everything will be held as strictly confidential. "Opportunity", Oral Hygiene, Pittsburgh, Pa.

POSITION WANTED: With institution or commercial company, west coast, Mexico or South America. Twenty-five years' experience in general practice, especially well qualified in operative dentistry, exodontia and dental roentgenology. Licensed in New York state or Indiana. "524" Oral Hygiene, Pittsburgh, Pa.

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WANTED in Connecticut or New York, dental office, location, practice, partnership, position or other proposition by reputable, experienced, service-exempt dentist, with or without equipment. Please write fully, in confidence, to "517" Oral Hygiene, Pittsburgh. Pa.

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DENTAL PRACTICE: One of best in
Western Kansas, all brand-new Ritter equipment five years ago. Now only one other
dentist in progressive town of thirty-five
hundred, wide territory. Priced below cost of
equipment. Gross and net figures and sale
price to interested parties. F. C. Castle
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DENTIST WANTED: To take over new office in new building in Claremont, N. C. Practice is well established. Our fine thriving little town is located in the famous Piedmont area of western North Carolina. About seven thousand people live in radius of five miles from our town. We have mild withers with plenty of sunshine and pleasant summers. We have good churches and schools. There is no dentist in the two nearby towns of Catawba and Conover. Claremont is between them. Address Dental Committee, Claremont Lions Club, C. Long Sigmon, Chairman, Claremont, N. C.

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EXPERIENCED YOUNG DENTIST desires position with ethical dentist in Virginia Beach or Norfolk, Va., area. Virginia licensed. "521" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Due to death, profitable dental practice established nineteen years in Shippensburg, Pa. Population six thousand. Large surrounding rural area. Only three other dentists. Also, equipment in good condition, ground-floor office and adjoining residence. Excellent location. Address: Mrs. H. M. Weitzel, Shippensburg, Pa.

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UNUSUAL OPPORTUNITY for experienced advertising man. Should be familiar with prosthetic techniques and materials. A knowledge of dealer and laboratory methods would also be helpful. In reply, state experience fully. Correspondence will be held in confidence. Box 523, Oral Hygiene, Pittsburgh, Pa.



The minute you spare now, may save many hours of chair time. Frankly, this title was intended to get you to read these few words—also to emphasize the importance of shortened time in the development of strength in silver amalgam fillings.

In fillings, it is not only highly desirable for strength and resistance-to-flow to be great, but also that the amalgam gain this great strength and resistance-to-flow rapidly. Clinical study reveals the fact that many amalgam failures are due to fractures. Unquestionably, many fractures occur shortly after the restoration is completed. And many are due to excessive flow during the first 24 hours—mostly because the amalgam gains strength too slowly. Probably in no other dental material are the clinical manifestations of only slightly inferior physical properties so quickly and grossly evident.

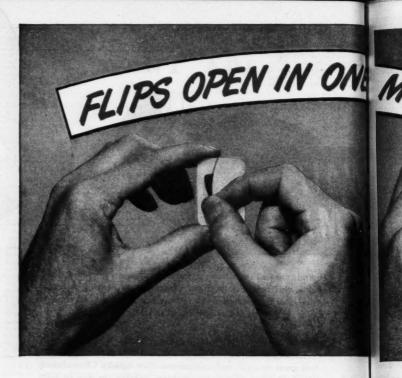
MINIMAX ALLOY No. 178 amalgamates with less mercury, therefore less mercury needs to be expressed in condensation; less mercury is retained in the filling. Strength and resistance-to-flow is developed sooner. Failures are fewer. You will get better results with Minimax Alloy. And you'll save many minutes—yes, many hours of your valuable chair time. Order a supply today.



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## ONLY DU PONT DENTAL X-RAY FILM HAS that saves time...prevents mis

You'll want these exclusive "Pull-A-Tab" Packet advantages:



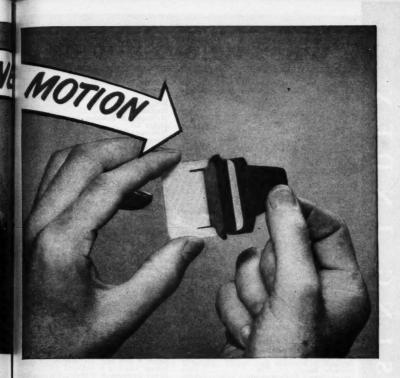


The green tab aids in quick zipper-like removal of film ... also readily identifies the tongue side of film. "Pull-A-Tab" Packets are easy to position. Corners and edges are rounded for maximum comfort of the patient.

Tube side of packet is determined easily because tab is placed against tongue. Saves time, too . . . Du Pont Film offers as much as 30% reduction in development time. In addition, Du Pont Dental X-ray Film has blue safety base ... anti-abrasion coating over emulsion ... ideal rigidityflexibility ratio.

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# HAS THE "PULL-A-TAB" PACKET mistakes in the darkroom

Simply pull the green tab—and ZIP, the film is out! The "Pull-A-Tab" Packet—exclusive feature of Du Pont Dental X-ray Film—enables you to remove film from the saliva-proof envelope in an instant.

And Du Pont X-ray Film assures you clear, sharp-contrast radiographs of high diagnostic quality. It offers extra speed without loss of contrast... wide exposure latitude . . . constant uniformity. Its faster emulsion permits quicker exposures . . . reduces tube wear . . . lessens patient dosage.

Ask your dealer for Du Pont Dental X-ray Film by name. E. I. du Pont de Nemours & Co. (Inc.), Photo Products Department, Wilmington 98, Del.



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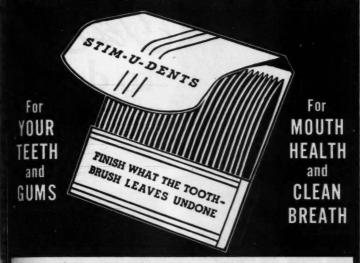
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